

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036987

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 241

Primary Registration District No. 4360

Registrar's No. 32

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED SEP 30 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Portageville, Mo.</u>		c. CITY OR TOWN <u>Portageville, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Home</u>	
3. NAME OF DECEASED (Type or print) First <u>Marnel</u> Middle <u>Howard</u> Last <u>Howard</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>19</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 8, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
13a. FATHER'S NAME <u>Joe Howard</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Oct 1917-April 1919</u>		16. SOCIAL SECURITY NO. <u>99</u>	
17. INFORMANT <u>Alma McKinney</u>		17. ADDRESS <u>Portageville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>Cerebrovascular accident</u> DUE TO (c) <u>Arteriosclerotic Cerebrovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>6 weeks</u> <u>1 year</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3:50</u> a.m. <u>PM</u> Month, Day, Year <u>8/5/61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>8/5/61</u> to <u>9/19/63</u> and last saw him alive on <u>9/19/63</u> Death occurred at <u>3:50 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>J. D. Grable M.D.</u>	
22b. ADDRESS <u>Portageville, Mo.</u>		22c. DATE SIGNED <u>9/23/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 22, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Free Will Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Point Pleasant, Mo.</u>
24. FUNERAL DIRECTOR <u>Ponder Funeral Home Lilbourn, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-27-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Ellen D. Milum</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1961 1100

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David B. P. Priden

Licensed Embalmer No. 5030

P. O. Address Elkhart, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.